

APPENDIX A

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted	4. HUD Application Number	
		3. Date and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Number		
7. Applicant's Legal Name City and County of Honolulu		8. Organizational Unit Department of Budget and Fiscal Services		
9. Address (give city, county, State, and zip code) A. Address: 530 South King Street B. City: Honolulu C. County: City and County of Honolulu D. State: Hawaii E. Zip Code: 96813		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Ms. Jean Tanji B. Title: Federal Grants Coordinator C. Phone: (808) 527-5067 D. Fax: (808) 527-6968 E. E-mail: jtanji@co.honolulu.hi.us		
11. Employer Identification Number (EIN) or SSN 996001257		12. Type of Applicant (enter appropriate letter in box) P. City & County A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)		
13. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development		
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 218 Title: Community Development Block Grant Component Title:		16. Descriptive Title of Applicant's Program Ninth (9th) Year Action Plan		
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City and County of Honolulu				
18a. Proposed Program start date 07/01/03	18b. Proposed Program end date 06/30/04	19a. Congressional Districts of Applicant First and Second	19b. Congressional Districts of Program First and Second	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.				
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.				
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.				

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C. Phone: (808) 527-5067

D. Fax: (808) 527-6968

E. E-mail: jtANJI@co.honolulu.hi.us

11. Employer Identification Number (EIN) or SSN

996001257

12. Type of Applicant (enter appropriate letter in box)

P. City & County

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

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H. Independent School District

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14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 239

Title: HOME Investment Partnerships Program

Component Title:

16. Descriptive Title of Applicant's Program

Ninth (9th) Year Action Plan

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

City and County of Honolulu

18a. Proposed Program start date

07/01/03

18b. Proposed Program end date

06/30/04

19a. Congressional Districts of Applicant

First and Second

19b. Congressional Districts of Program

First and Second

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

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B. No

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Program is not covered by E.O. 12372

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14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 231

Title: Emergency Shelter Grants Program

Component Title:

16. Descriptive Title of Applicant's Program

Ninth (9th) Year Action Plan

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06/30/04

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14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 241

Title: Housing Opportunities for Persons with AIDS

Component Title:

16. Descriptive Title of Applicant's Program

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Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	12,102,000						1,973,970	5,360,808	19,436,778
HOME	4,831,996						3,657,304	709,580	9,198,880
ESG	450,000						7,312	0	457,312
HOPWA	445,000						-674	0	444,326
Grand Totals	17,828,996						5,637,912	6,070,388	29,537,296

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official		Name (printed) Mr. Chris A. Diebling	
Title Deputy Director, Department of Budget and Fiscal Services		Date (mm/dd/yyyy) 9/19/03	